



CITY OF LEEDS EDUCATION COMMITTEE

ANNUAL REPORT  
ON THE SCHOOL  
MEDICAL SERVICE

FOR THE YEAR ENDED 31st DECEMBER, 1944

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## LEEDS EDUCATION COMMITTEE

### Medical Inspection of School Children

#### MEDICAL SUB-COMMITTEE

Councillor DOROTHY MURPHY, J.P. (*Chairman*).

Councillor F. WALKER, O.B.E.	Councillor J. T. MULLEY,
„ J. W. WOOTTON.	B.Sc. (ECON.), M.Ed.
„ C. V. WOODS.	„ J. H. R. GREAVES.
„ C. A. GOODALL.	„ EDITH YOUNGMAN.

Councillor E. KAVANAGH.

*Co-opted Member :*

Mrs. F. MATTISON.

#### MEDICAL STAFF

*Acting School Medical Officer*—MAURICE E. WILLCOCK, M.B., Ch.B., D.P.H. (*Appointed 1st January, 1944*).

*Full-time Assistant School Medical Officers*—

HERBERT HARGREAVES, M.B., B.S.

RONALD WOOD, M.B., Ch.B.

IRENE M. HOLORAN, M.B., Ch.B., D.C.H.

GWENDOLEN F. PRINCE, M.B., Ch.B., D.C.H.

\*BERNARD SCHROEDER, M.B., Ch.B.

\*HERMAN G. HUTTON, B.A. (CANTAB.), M.R.C.S., L.R.C.P., D.P.H.

*Temporary Assistant School Medical Officers*—

GRACE HOLEY, M.B., Ch.B.

ANNE M. NUTT, M.B., Ch.B.

AGNES M. WYON, M.B., Ch.B., D.R.C.O.G.

*Consulting Surgeon (Nose, Throat and Ear)*—ALEXANDER SHARI, C.B., C.M.G., F.R.C.S. (Edin.).

*Consulting Surgeon (Orthopaedic)*—REGINALD BROOMHEAD, M.B., Ch.B., F.R.C.S.

*Consulting Ophthalmic Surgeon*—GEORGE BLACK, M.B., B.S. (LOND.), F.R.C.S.(ENG.)

*Senior School Dental Officer*—R. DRUMMOND KINNEAR, L.D.S., R.C.S. (*Resigned 12.2.44*).

## MEDICAL STAFF—(*continued*).

### *Full-time Assistant School Dental Officers—*

ARTHUR D. MORTIMER, L.D.S.  
 DAVID E. TAYLOR, L.D.S.  
 \*NORMAN K. DAVISON, L.D.S., R.C.S.  
 \*E. EMERSON GIBSON, L.D.S. (Eng.).  
 \*ARTHUR H. GREEN, L.D.S.  
 HENRY L. GRAY, L.D.S.  
 \*GEORGE M. S. MCGIBBON, L.D.S., R.C.S.  
 \*LAWRENCE MORAN, L.D.S.  
 \*J. WALTER SHAW, L.D.S., R.C.S., H.D.D.  
 \*DOUGLAS M. MCGIBBON, L.D.S.  
 \*JOHN MILLER, L.D.S.  
 JAMES W. WHITELAW, L.D.S.

### *Temporary Appointment—*

HERBERT GAUNT, L.D.S. (*Appointed 1.II.44*).

### *School Nurses—*

I. FERGUSON ( <i>Senior Nurse</i> ).	E. WILSON.
J. TOTTIE.	E. WHURR.
H. MOODY.	G. SMITH.
E. M. HEARNSHAW.	H. SIMPSON.
E. D. WYNN.	M. CHERRETT.
L. MOODY.	E. K. BRIGGS.
M. ABBOTT.	A. A. POSKITT.
A. SHACKLETON.	M. K. MACPHERSON.
*M. HOLMES.	S. E. WEBSTER.
G. E. PRIOR.	G. M. PENFOLD.
B. ATKINSON.	G. M. TAYLOR <i>(Resigned 30.5.44)</i> .
W. HOLDSWORTH.	B. M. MORLEY <i>(Resigned 30.4.44)</i> .
M. D. DAVIDSON.	M. S. E. LIVINGSTON (Mrs.) <i>(Appointed Tempy. 1.6.44)</i> .
I. M. CONDELL ( <i>Appointed Tempy. 1.5.44</i> )	

### *Massengers—*

W. WEAR.	M. HENDERSON.
M. E. SWINGLEHURST.	J. D. BROWELL.

### *Speech Therapist—*

BLANCHE JACKSON (Mrs.).

\*Joined H.M. Forces.

REPORT OF THE ACTING SCHOOL MEDICAL  
OFFICER FOR THE YEAR ENDED THE  
31ST DECEMBER, 1944.

*To the Chairman and Members of the Education Committee.*

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report upon the work of the School Medical Service of the City of Leeds for the year ended the 31st December, 1944.

Mr. R. D. Kinnear, Senior Dental Officer, resigned in February; Staff his resignation meant that the peace time establishment of twelve Dental Officers was reduced to four. On the 1st November, Mr. Herbert Gamnt was appointed as a temporary Assistant School Dental Officer.

Two Nurses resigned during the year—Nurse B. M. Morley on appointment to the Tutorial Staff of the Leeds General Infirmary and Nurse G. M. Taylor owing to ill-health. Miss Taylor had rendered good service to the Authority as Matron of the Open Air School at Farnley and later as School Nurse. Temporary appointments—Miss I. M. Condell in May and Mrs. M. S. E. Livingston in June were made to fill these vacancies.

I regret to have to record the death, during the year, of Mr. S. W. Daw, F.R.C.S., who was Consultant Orthopaedic Surgeon to the School Medical Service from 1924 to 1937. Mr. Daw was the first Orthopaedic Surgeon appointed to the Leeds General Infirmary and the success of our own Orthopaedic Department owes a great deal to his work.

During 1944 again there have been no serious epidemics of Infectious Diseases. infections disease. In the Autumn there was a seasonal increase in the number of cases of scarlet fever but at no time did this assume epidemic proportions.

The schools have been singularly free from diphtheria during the year and there is no doubt that this is due to the work of the Public Health Department in maintaining or increasing the proportion of children immunised. In December it was estimated that 78 per cent. of children under 5 years of age and 75·6 per cent. of children between 5 and 15 years of age had been immunised. The public does seem to have realised the import-

ance of having children protected against diphtheria. The practice of having sessions in schools for immunisation has been continued and during the year 1,896 children were completely immunised and 3,926 received refresher doses at these sessions. We are greatly indebted to Dr. Clara Stewart and the Health Department for their work in this connection and we are glad to have been of any assistance to them. The co-operation of Head Teachers in schools should also be warmly acknowledged.

Routine  
Inspection.

Routine inspection of the three Age Groups—Entrants, Intermediates, and Leavers—is almost up to date. This is satisfactory in view of the shortage of staff—there is the equivalent of seven full-time Doctors on the staff at present as compared to nine before the war. It has, however, only been possible to maintain this position by increasing the proportion of Doctors' time spent on routine inspection and so reducing the time available for other branches of school medical work. This has been done because it is felt that the inspection of children in school in order to discover defects requiring treatment or observation is absolutely essential. The position, considering that it is now the sixth year of war-time conditions, is not unsatisfactory.

**Return of Number of Children on Roll at  
31st December, 1944.**

Type of School.	Number of Schools.	Number of Departments.	Number on Roll.
<i>Elementary—</i>			
Council .. .. ..	72	155	44,709
Voluntary .. .. ..	47	78	14,294
<i>Higher—</i>			
Maintained .. ..	12	12	6,275
Non-maintained .. ..	5	5	2,331
<i>Home Office</i> .. .. ..	2	2	204
<i>Special—</i>			
Mentally Defective .. (including One Oak and Warbeck)	6	6	440
Physically Defective .. (including Park Hill)	2	2	147
Partially Sighted ..	1	1	39
Deaf .. .. ..	1	1	114
<i>Other—</i>			
Sanatorium .. ..	1	1	32
Nursery .. .. ..	1	1	104
Bewerley Park Camp ..	1	1	108
<b>Total</b> .. ..	<b>151</b>	<b>265</b>	<b>68,797</b>

The close supervision of Nursery Classes by Nurses and <sup>Nursery Classes</sup> Doctors has been maintained. All new entrants have been examined within a few weeks of their admission to school. The scheme for giving Cod Liver Oil and Orange Juice to all the children has operated throughout the year and a free issue of Iron (Ferrous Sulphate) tablets has been made to a number of children on the recommendation of the Medical Officers. These measures have certainly contributed to the healthy condition of the children.

Dr. Prince and Dr. Holoran have paid regular visits to all Nursery Classes during the year in order to inspect and supervise hygienic training and equipment. In this they have maintained close contact with the School Inspectors. In addition, both Doctors have taken part, by lecturing, in the training of Nursery Class Assistants and in the examination of candidates for appointment.

Dr. Prince reports: "The year has been one of consolidation in the Nurseries. In spite of war-time difficulties progress has been made as regards equipment and staffing. On the whole it may be said that the special precautions taken have been successful in preventing serious epidemics though the fact remains that children of Nursery School age are subject to special risks of infection."

The Nursery School at Sicklinghall Grange, which was opened at the outbreak of war and which has been of great benefit to the children evacuated to it from Leeds, was closed in November.

The Board of Education circular 1629 of May, 1943, stated <sup>Provision of Meals.</sup> that the objective in the School Meals Service was to provide dinners for 75 per cent. of the children attending school. In Leeds the scheme has aimed at attaining this figure in two stages—Stage A being designed to provide dinners for half the full number and Stage B to meet the remaining demand. Stage A was nearly completed by the end of 1944—over 30 per cent. of the children attending school being then supplied with dinners.

The Ministry of Works was expected to complete the building of six pre-fabricated supplying kitchens by January, 1944, but, owing to local labour problems and in one case owing to difficulty about a site, it was May, 1944, before five of them were opened and the sixth is still under construction. Forty school dining canteens were opened simultaneously with these kitchens and twenty-five have been opened since. The opening of these new kitchens has relieved some of the older ones which were overtaxed and the result, after certain defects in the new kitchens had been remedied, has been a marked improvement in the quality of the dinners.

The following Table shows the great expansion which has been effected during 1944 :—

Date	Number of		Daily number of		
	Kitchens	Dining Canteens	Dinners supplied	Breakfasts	Teas
Jan. 1944 ..	7	100	10,652	341	1,508
Dec. 1944 ..	12	165	16,279	265	1,501

The total number of meals served throughout the year was :—

Breakfasts ..	..	..	..	78,738
Dinners ..	..	..	..	2,816,039
Teas ..	..	..	..	377,061
<b>TOTAL ..</b>			<b>..</b>	<b>3,271,838</b>

Of the dinners, 285,793 were free and 2,530,246 were paid for. The charge remained at 4d. a dinner. Breakfasts and teas were all paid for at 2d. a meal. The number of children receiving free dinners varied between 1,040 and 1,360 a day during the year.

A feature to be deplored is the great fall in the number of children having school dinners during the holiday periods. The following Table shows this clearly :—

	Easter	Whitsuntide	Midsummer	Christmas
Daily attendances before holiday—				
Free .. ..	1,279	1,359	1,135	1,296
Paid .. ..	9,469	11,132	12,068	14,060
During holiday—				
Free .. ..	704	635	594	648
Paid .. ..	2,620	3,379	2,669	2,745
After holiday—				
Free .. ..	1,289	1,339	1,036	1,122
Paid .. ..	8,547	10,600	9,221	10,097

It will be seen that, while the number of free or necessitous cases drops by about 50 per cent. as soon as the holiday begins, about 70 per cent. of the children whose parents pay for dinners cease to attend at the same time. Many of the paying children come from homes where both parents are understood to be in the Services or at work so that there is no-one to prepare a hot mid-day meal. This makes the decrease in attendance during the holidays extremely difficult to explain or justify.

The thanks of the Authority are due to all the teachers who continue unselfishly to give their services in the administration and supervision of the school dining canteens.

The classification of children inspected during the year as Nutrition regards nutrition shows little change from 1943. Less than 7 per cent. were classed as subnormal. The records of average height and weight in the Age Groups examined show that previous standards have been well maintained.

Nearly ten million bottles of milk were consumed by school children during the year. The figures show an average daily increase in the number of bottles issued of 2,700 and the percentage of children taking milk in school in December was 82·6 as compared with 77 in December, 1943. The increase in the number of bottles supplied free is due to the free issue to children evacuated to Leeds from the south of England.

### Milk in Schools Scheme 1st January to 31st December, 1944.

Total number of bottles issued .. .. .. ..	9,907,153
Total number of bottles issued free .. .. .. ..	579,296
Average number of bottles per school day .. .. .. ..	47,177
Average attendance for December, 1944 .. .. .. ..	56,585
Percentage taking milk December, 1944 .. .. .. ..	82.6

There are at present seven Branch Clinics which provide certain forms of specialised treatment—refraction and prescription of glasses, dental treatment, remedial exercises and massage, and also treatment for minor ailments for their districts. This means that for some schools, which may be two or three miles away from the Branch Clinic, regular attendance of the children for minor ailments is hardly possible. Our aim is to arrange that the Branch Clinics should provide minor ailment treatment only for the schools in their immediate vicinity and that sub-clinics—for the treatment of minor ailments only—should be established for schools or for groups of schools at a distance from the Branch Clinic. This would have many advantages (1) congestion at Branch Clinics would be prevented; (2) regular attendance, when necessary, could be ensured; (3) waste of children's time and interference with school work would be avoided, and (4) all schools would be given equal facilities for the treatment of minor ailments.

It is hoped to establish, in time, sub-clinics for schools or groups of schools with a school population of approximately 2,500 children. Each could be staffed by one school nurse and would be open every day for the treatment of minor ailments only. At present there are two sub-clinics in the city—at Middleton, serving Middleton

Council, Middleton National and St. Philip's Roman Catholic, and at Coldcotes, serving Coldcotes Council and Wykebeck Council. Both are working very satisfactorily.

The work at the Minor Ailments Clinics calls for no special comment. Cases of scabies are notified direct to the Public Health Department who arrange for treatment at their Scabies Clinics.

#### **Uncleanliness.**

The number of children excluded from school for uncleanliness again shows a small increase. As was explained in the Report for 1943, a major cause of the failure to reduce the number of cases of uncleanliness by frequent inspection and strict exclusion from school, has been the fact that members of the family not of school age were a constant source of reinfestation. It is very satisfactory to report that the Public Health Department has decided to establish Cleansing Stations for Pediculosis in the city. The procedure now in force is that the names and addresses of all children excluded from school for lack of cleanliness, who have a previous history of infestation, are notified to the Public Health Department. When the scheme is in full operation the Public Health Department will arrange for the inspection of other members of the families notified to them and will treat all requiring cleansing at the same time. The co-operation of the Public Health Department in this matter is greatly appreciated. It is hoped that it will, in time, cause a marked reduction in the number of children who have to be excluded from school.

#### **Evacuees.**

During the summer approximately 4,000 more evacuees from the south were admitted to Leeds schools. They have been examined in their appropriate age groups and in certain cases medical treatment has been carried out under the schemes approved by the Authority. It was arranged that all evacuees should receive a free supply of milk in school.

#### **Child Guidance.**

The number of difficult and problem children has certainly not diminished during the war years. A happy family background is one of the most important factors in developing nervous stability in children and giving them the feeling of security which they need in their early years. One of the many evils resulting from the war has been its interference with family life. The absence of the father-on service has been responsible for a slackening of home discipline and training and the employment of the mother on war work has inevitably had its effect on the atmosphere of the home. Then again, the housing problem has been accentuated by the war. Many families in Leeds are living in conditions of overcrowding which, but for the war, would not have been permitted. In a very high proportion of cases of difficult and problem children the home conditions are unsatisfactory—broken homes, indifferent and

unloving parents, family squabbles, overcrowding and the lack of the most elementary decencies of life. And it is largely from this class of problem children that many of the delinquents and neurotics of later years are derived.

There are of course other factors besides home environment which tend to produce maladjusted difficult children. These are mainly connected with the child's own personality. There may be innate instability and temperamental difficulties. Again, the handling of the child in school may be at fault ; he may be being forced beyond his intellectual powers.

Investigation of these matters and their correction is the province of a Child Guidance Clinic and both require the services of a specially trained and qualified staff. In Leeds the need for such a clinic as a branch of the School Medical Service, has been felt for many years, and it is hoped that its establishment in the near future will be regarded as a matter of real urgency.

In this connection the need of a residential school for problem children—both for purposes of observation and treatment—should be mentioned.

Mr. A. D. Sharp, F.R.C.S., for Ear, Nose and Throat cases, <sup>Specialist Services</sup>  
Mr. G. Black, F.R.C.S. for Eye cases, and Mr. R. Broomhead,  
F.R.C.S., for orthopædic cases have attended sessions at the Central  
Clinic to see children referred to them and have also paid regular  
visits to the Special Schools for Deaf, Partially Sighted and Physically  
Defective children.

During 1944 there were four Day Schools and two Residential <sup>M.D. Special Schools.</sup> Schools for mentally defective children. The results obtained at the residential schools—One Oak and Warlbeck—were so much better than at the day schools that, if these places are no longer to be available after the war, it is hoped that residential accommodation may be arranged elsewhere. Having the children under supervision all the time instead of for the few hours they spend each day in a day school makes a very great difference to their development. Cleanliness, regular habits, good manners, and the art of living in a community can be taught in a residential school in a way which is quite impossible in a day school. The objective of making these children self-respecting and self-supporting members of society is more likely to be attained if there is residential accommodation for the children who obviously require and would benefit from it.

The number of children on roll at the end of the year in the <sup>Deaf School</sup> Deaf School at Farnley was 114. Of these 67 were totally deaf

while 47 were cases of partial deafness whose defective hearing rendered them unsuitable for education in ordinary elementary schools.

Seventy-one of the children were Leeds cases and 43 were admitted from other Authorities including two evacuated from London. In connection with these children from outside areas it should be realised that their presence is a great help in the administration of the school and adds to the efficiency of the education provided. Grading in classes is easier and teaching is likely to be more successful with 114 than with 71 children when their ages vary from 4 to 16 years.

It is hardly possible to emphasize too strongly the importance of beginning the education of congenital cases of deafness at as early an age as possible. In his report Mr. Andrews remarks: "It is worthy of note that the average age on admission of born deaf children is 4 years 5 months—the oldest being 6 years 2 months and the youngest 3 years 10 months. It is thought that war conditions have caused parents to seek out the facilities available for their baby deaf and it is hoped that the establishment of a properly equipped nursery school for the deaf will demonstrate fully the advantages of that early training so long desired by teachers of the deaf."

There were 39 children on the roll of the Partially Sighted School of whom 36 were Leeds cases and 3 from other Authorities. Of the children 14 were resident and 25 day scholars.

**Orthopædic.** A notable advance has been made in the provision of artificial limbs for cases of amputation. This was arranged by the Ministry of Health with the approval of the Ministry of Education. Artificial limbs are made at the Ministry of Pensions Factory at Roehampton and children, who require them, are fitted with them in Leeds. Four children who have had leg amputations have been provided with artificial limbs instead of pylons and one child has been fitted with an artificial arm. All are proving very satisfactory. Limbs for two other children are on order.

Dr. Holoran reports on the work of the Potternewton Physically Defective School :—

"There has been a very marked change in the age of children attending the School in the past ten years. In 1934 there were only eight children under 7 years of age in the school; in 1944 there were 45. This shows a gratifying improvement both in the early ascertainment and in the willingness of parents to take advantage of the facilities offered.

During 1944, 50 children were discharged from Potternewton. Of these 15 returned to elementary schools, 1 went to a secondary school, 1 to Pitman's College and 9 to Mentally Defective Schools, 11 went to work. This makes a total of 37 children physically fit for a relatively normal life. Of the remainder 3 were evacuees who returned to their own areas, 1 was temporarily removed from roll owing to transport difficulties, 2 were notified to the Mental Health Services, 1 left at 16 years of age unable to work, 2 left for long stay hospital treatment, 2 were too ill to attend and 2 children died.

There is still a residue of children who are not adequately provided for in a day school. Some children make the daily journey to school by bus but are so seriously handicapped physically that it is only their indomitable desire to attend school that enables them to accomplish the journey. They, as well as children unable to walk at all and certain heart cases, would be better in a residential school.

"A recent classification of children attending Potternewton was as follows :—

Organic Heart Disease .. .. .. ..	29
Tuberculous Bones and Joints .. .. .. ..	27
Spastic Paralysis .. .. .. ..	26
Infantile Paralysis .. .. .. ..	19
Osteomyelitis .. .. .. ..	6
Talipes Equino Varus .. .. .. ..	6
Knock Knee (wearing irons) .. .. .. ..	3
Amputations .. .. .. ..	3
Congenital Dislocation of Hips .. .. .. ..	2
Fragilitas Ossium .. .. .. ..	2
Achondroplasia .. .. .. ..	2
Scoliosis .. .. .. ..	2
Rheumatoid Arthritis .. .. .. ..	1
Muscular Dystrophy .. .. .. ..	1
Spina Bifida .. .. .. ..	1
Flat Feet (in plaster) .. .. .. ..	1
Congenital absence of Radii .. .. .. ..	1
Congenital Disease with awkward gait .. .. .. ..	1
Nephritis .. .. .. ..	1
Hæmophilia .. .. .. ..	1
Scars due to burns .. .. .. ..	1 "

War conditions have prevented the development of the plans for a Residential School to accommodate rheumatic children who have got over the acute stage of their illness but who require prolonged observation and a strict regimen. It is hoped, however, that when circumstances permit the scheme which was approved before the war may be carried out.

Mrs. Jackson in her report for the year says, "In April, <sup>Rheumatism</sup> Speech Therapy, 1944, the classes for remedial speech were removed from the

elementary schools to the school clinics. This was a step in the right direction as there is an atmosphere in the clinics more suited to the therapeutic methods that are necessary for the amelioration of most disorders of speech. There are other amenities too, such as the use of waiting rooms, which are appreciated by the parents and children.

During the year 74 children have received treatment. In addition 30 or more who have completed a course of treatment, have been visited from time to time in order to ascertain whether the improvement gained in the clinics is of a permanent nature.

The classification of the cases treated was :—

Stammering .. .	..	..	..	..	..	35
Rhinolalia (Nasal Speech) .. .	..	..	..	..	..	5
Sigmatism (Lispings) .. .	..	..	..	..	..	5
Dyslalia (Inability to pronounce particular consonants) .. .	..	..	..	..	..	29

Children discharged as having gained a satisfactory standard of speech during the year were :—

Stammering .. .	..	..	..	..	..	20
Rhinolalia .. .	..	..	..	..	..	3
Sigmatism .. .	..	..	..	..	..	5
Dyslalia .. .	..	..	..	..	..	18

Twenty-eight children discontinued treatment owing to leaving the district, going to private or special schools, lack of interest or transport difficulties. All cases however showed some improvement with the exception of three boys who failed to respond to treatment and were subsequently withdrawn.

There has been a decrease in the number of stammerers admitted during the year but an increase in the number of the speech defects such as dyslalia, sigmatism and defective articulation. Stammering is intermittent and therefore is not strictly a defect of speech but a nervous disorder affecting the speech. Speech defects on the other hand are constant ; the child can never speak properly and unfortunately often gives the impression that he is dull and in consequence may be ostracised by his playfellows. Everyone concerned with children should realise the misery and inhibiting effect which a slight lisp may produce. There are many speech defects which though slight may cause much mental suffering. Sometimes these may be cured almost in a single lesson. It is hoped that all such cases will be reported so that the child may be given the opportunity of receiving treatment."

Classes for speech therapy are now established in four clinics. These, with the necessary visiting of homes, are as much as one Speech Therapist can overtake. With so few centres for treatment it is not possible to arrange for all children requiring attention,

especially if they are very young and live at a considerable distance from the clinic, to attend. Distances may be too great and parents may be unable to bring the child to the clinic regularly. At present there is a list of 40 children awaiting treatment when vacancies occur in the classes and it can be arranged.

Work has been carried on during the year by the greatly reduced staff of four Dental Officers. Shortage of staff has again meant that the proportion of each dentist's time devoted to conservative treatment has had to be reduced as compared to their work in peace time. School Medical Officers have assisted by giving anaesthetics at extraction sessions. The services of the four Dental Officers during a difficult year have been greatly appreciated.

Under the new Education Act dental inspection and treatment will have to be provided for secondary schools on the same lines as at present for elementary schools. This must mean the employment eventually of a greatly increased dental staff.

The work done by the Dental Hospital for children referred to them by the School Dental Officers as requiring orthodontic treatment must be gratefully acknowledged. During 1944, 146 school children attended there making 778 attendances. The treatment was completed in 50 cases and 86 were still attending the hospital at the end of the year. Ten children failed to carry out the treatment and were discharged.

In conclusion, Mr. Chairman, Ladies and Gentlemen, may I, on behalf of myself and my colleagues, express thanks to you for your consideration, to the Director and Office Staff for their support, to the teachers for their co-operation, to Dr. Jervis and his colleagues and to the Medical Profession of the City for their help.

I have the honour to sign myself,

Your obedient Servant,

MAURICE E. WILLCOCK,  
*Acting School Medical Officer*

## APPENDIX

# MEDICAL INSPECTION AND TREATMENT RETURNS

**YEAR ENDED 31st DECEMBER, 1944.**

TABLE I.

**Medical Inspections of Children attending Public  
Elementary Schools**

**A.—Routine Medical Inspections.**

NUMBER OF INSPECTIONS.

Entrants .. .. .. .. .. .. .. ..	6,432
Second Age Group .. .. .. .. .. .. .. ..	5,374
Third Age Group .. .. .. .. .. .. .. ..	4,524
	<hr/>
TOTAL .. .. .. .. .. .. .. ..	16,330
NUMBER OF OTHER ROUTINE INSPECTIONS .. .. .. .. ..	892
	<hr/>
GRAND TOTAL .. .. .. .. .. .. .. ..	17,222

**B.—Other Inspections.**

NUMBER OF SPECIAL INSPECTIONS AND RE-INSPECTIONS .. .. 40,087

TABLE II.

**Classification of the Nutrition of Children Inspected  
during the Year in the Routine Age Groups.**

No. of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
	17,222	2,017	11.7	14,053	81.6	1,141	6.6	11

TABLE III.

**Group I.—Treatment of Minor Ailments (excluding  
Uncleanliness, for which see Table V.).**

Total Number of Defects treated or under treatment during  
the year under the Authority's Scheme .. .. 18,699

**Group II.—Treatment of Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).**

	Under the Authority's Scheme
Errors of Refraction (including squint)	3,358
Other defect or disease of the eyes (excluding those recorded in Group I) .. .	
TOTAL .. .	3,358
No. of children for whom spectacles were	
(a) Prescribed .. .	2,155
(b) Obtained .. .	+1,003

+Balance awaiting delivery by Optician

**Group III.—Treatment of Defects of Nose and Throat.**

Received Operative Treatment .. .	238
Received other forms of Treatment .. .	1,255
Total number treated .. .	<u>1,493</u>

**TABLE IV.—Dental Inspection and Treatment**

(1) Number of children inspected by the Dentist:	
(a) Routine age-groups .. .	15,856
(b) Specials .. .	4,892
(c) TOTAL (Routine and Specials) .. .	<u>20,748</u>
(2) Number found to require treatment .. .	14,755*
(3) Number actually treated .. .	14,070†
(4) Attendances made by children for treatment .. .	18,665
(5) Half-days devoted to:—	(7) Extractions:—
Inspection .. .	100
Treatment .. .	1,729
TOTAL .. .	<u>+1,829</u>
	(8) Administrations of general anæsthetics for extractions .. .
	Permanent Teeth .. .
	Temporary Teeth .. .
	TOTAL .. .
	4,314
	20,850
	<u>25,164</u>
(6) Fillings:—	(9) Other Operations:—
Permanent Teeth .. .	7,630
Temporary Teeth .. .	—
TOTAL .. .	<u>7,630</u>
	Permanent Teeth .. .
	Temporary Teeth .. .
	TOTAL .. .
	358
	—
	<u>359</u>

\* Includes 1,892 Casuals.

† Includes 4,308 Casuals.

‡ In addition 12 sessions spent in other works.

**TABLE V.—Verminous Conditions.**

(1) Average Number of Visits per School made during the year by the School Nurses	40
(2) Total Number of Examinations of Children in the Schools by School Nurses	195,140
(3) Number of <i>Individual</i> Children found unclean .. .. ..	10,366
(4) Number of <i>Individual</i> Children cleansed under Section 87 (2) and (3) of the Education Act, 1921 .. .. ..	451
(5) Number of Cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 .. .. ..	40
(b) Under School Attendance Byelaws .. .. ..	493

TABLE VI.  
A—Blind and Deaf Children.

Number of totally or almost totally blind and deaf children who are not at the present time receiving education suitable for their special needs.

	At a Public Elementary School.	At an institution other than a Special School.	At no School or Institution.
Blind Children	—	—	—
Deaf Children	—	—	—

## B—Mentally Defective Children

Total number of children notified during the year ended 31st December, 1944, by the Local Education Authority to the Local Mental Deficiency Authority, under the Mental Deficiency (Notification of Children) Regulations, 1928

TABLE VII.

No. of children given a full routine inspection in :-

(a) Schools for Higher Education .. .. .. ..	2,809
(b) Special Schools .. .. .. ..	318

**TABLE VIII.**  
**Number of Exclusions, 1944.**

DEFECT.	REFERRED FOR EXCLUSION BY		TOTAL.
	SCHOOL MEDICAL OFFICERS.	SCHOOL NURSES.	
Uncleanliness of Head ..	5	4,927	4,932
Uncleanliness of Body ..	—	104	104
Ringworm .. ..	3	2	5
External Eye Disease ..	16	58	74
Scabies .. .. ..	367	749	1,116
Impetigo .. .. ..	74	522	596
Other Skin Diseases .. ..	3	147	150
Other Diseases .. ..	—	64	64
Vision .. .. ..	10	—	10
 TOTAL 1944 ..		478	6,573
 TOTAL 1943 ..		430	5,787
			6,217

TABLE IX.

## Average Height.

Age last Birthday.	Elementary Schools.			
	Number Measured		Inches.	
	Boys.	Girls	Boys	Girls
4	877 (1,343)	846 (1,261)	40·1 (39·3)	39·8 (39·1)
5	1,324 (1,942)	1,450 (1,922)	42·3 (42·2)	41·9 (41·6)
8	2,766 (3,095)	2,608 (2,930)	48·6 (48·7)	48·2 (48·3)
12	2,150 (2,640)	2,075 (2,620)	56·0 (55·8)	56·5 (56·7)

The figures in brackets are those for 1943.

TABLE X.

## Average Weight.

Age last Birthday.	Elementary Schools.			
	Number Weighed.		Lbs.	
	Boys.	Girls.	Boys.	Girls.
4	877 (1,343)	846 (1,261)	38·6 (37·4)	37·4 (37·1)
5	1,324 (1,942)	1,450 (1,922)	42·1 (41·6)	40·5 (40·0)
8	2,766 (3,095)	2,608 (2,930)	55·5 (55·5)	54·2 (54·4)
12	2,150 (2,640)	2,075 (2,620)	78·9 (78·0)	81·3 (80·6)

The figures in brackets are those for 1943.

TABLE XI.

**Number of Children on Roll in Special Schools  
on 31st December, 1944.**

SCHOOL.	NUMBER ON ROLL.		
	Leeds Cases.	Outside Cases.	Total.
<b>FEEBLE MINDED—</b>			
Armley .. .. .. .. ..	85	—	85
East Leeds .. .. .. .. ..	68	—	68
Hunslet Lane .. .. .. .. ..	157	3	160
Lovell Road .. .. .. .. ..	67	—	67
One Oak .. .. .. .. ..	37	1	38
Warbeck .. .. .. .. ..	22	—	22
<b>DEAF AND PARTIALLY DEAF</b> .. .. ..			
PARTIALLY SIGHTED .. .. .. .. ..	71	43	114
<b>PHYSICALLY DEFECTIVE—</b>			
Potternewton .. .. .. .. ..	126	—	126
Park Hill .. .. .. .. ..	21	—	21

In addition, the Leeds Education Authority is responsible for the maintenance of Leeds children in Residential Schools as follows :—

**CRIPPLES—**

Marguerite Hepton Memorial Home, Thorparch ... 4

**BLIND—**

Yorkshire School for the Blind, York ... ... 11

Henshaw's Institution for the Blind, Fulwood,  
Preston ... ... .. .. .. 1

**DEAF—**

St. John's Institution for the Deaf and Dumb,  
Boston Spa ... ... .. .. .. 5

**MENTALLY DEFECTIVE—**

Besford Court R.C. ... ... .. .. .. 3

**EPILEPTIC—**

Lingfield Epileptic Colony ... ... .. .. 3

**MALADJUSTED—**

Dunnow Hall School, Newton-in-Bowland ... ... 1

TABLE XII.  
Summary of the Work of the School Dental Service, 1944.

	No. inspected	No. referred	% to inspected	No. treated	% to referred	Fillings per child treated	Permanent Teeth Extractions	Temporary Teeth Regulation Extractions	Permanent Teeth Extractions	Teeth Regulation Extractions	Temp Teeth Extractions	Anæsthetics		In-spection	Treatment	Sessions	Attendances for treatment	Other Operations
												General	Regional					
1. Elementary ..	15,856	9,803	62.2	9,762	99.0	7,930	8	2,513	1,109	14,652	8,137	155	100	1,729	13,773	359		
2. Secondary ..	760	436	57.4	150	30.5	438	2.8	70	33	5	71	3	5	59	363	2		
3. Special ..	58	40	69.0	129	322.5	86	7	64	25	132	98	1	1	2	204	179	5	
4. Occupation Centres ..	79	47	59.5	22	40.8	—	—	26	4	24	19	—	—	—	—	—	—	
Total 1, 2, 3 and 4	16,753	10,386	62.0	10,072	97.0	8,154	8	2,679	1,171	14,313	8,325	159	106	1,815 <sup>‡</sup>	14,340	367		
Casuals ..	4,879	4,879	100.0	4,295	88.0	—	—	678	—	6,190	4,295	—	—	—	4,295	4,295		
Special Casuals †(All Schools)	..	28	100.0	28	100.0	—	—	20	—	—	—	22	—	—	—	—	—	
GRAND TOTAL ..	21,660	15,293	70.6	14,395	94.1	8,154	—	3,377	1,171	21,025	12,648	159	106	1,517 <sup>‡</sup>	14,247	367		

\* Does not include 12 sessions spent in other work. Average No. of fillings per session 8.1. Average attendances per fillings session 5.0.

† Special Casuals are children who have refused treatment but are subsequently treated by extraction for the relief of pain and by appointment only.

‡ Treatment of "Casuals" takes place at the end of the routine session on two occasions per week in each Clinic.

§ Includes outstanding cases from 1943.





